

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>	Attorney Docket Number	GH-007
	First Named Inventor	ABBOTT, Catherine Anne
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	March 7, 2002
	Group Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first, and joint inventor (if more than one name is listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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the specification of which:

☐ is attached hereto;

☒ was filed on September 11, 2000 as PCT International Application Number PCT/AU00/01085.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application, as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
PQ2762	AU	09/10/1999	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
PQ5709	AU	02/18/2000	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefits under 35 U.S.C. 119(e) of any United States provisional application listed below.

Application Number(s)	Foreign Filing Date (MM/DD/YYYY)	
		Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto

# DECLARATION

## - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35 U.S.C., 112, I acknowledge the duty to disclose information which is material to patentability, as defined in 37 C.F.R. 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/AU00/01085	09/11/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business connected therewith in the Patent and Trademark Office.

☐ Customer Number \_\_\_\_\_ or ☒ Registered Practitioner(s) name/registration numbers listed below

Name	Registration Number	Name	Registration Number
Arne M. Olson	30,203	Michael A. Hierl	29,807
Dolores T. Kenney	31,269	Talivaldis Cepuritis	20,818
Seymour Rothstein	19,369	Daniel J. Deneufbourg	33,675

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet attached hereto.

Direct all correspondence to: ☐ Customer Number \_\_\_\_\_ or ☒ Correspondence address below

Name CEPURITIS, Talivaldis  
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle, if any)		Family Name or Surname			
Catherine Anne		ABBOTT			
Inventor's signature					Date
Residence	City Annandale, New South Wales	State	Country AU	Citizenship AU	
Post Office Address	288 Trafalgar Street				
City Annandale, New South Wales		State	ZIP 2038	Country AU	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) Sheet(s) attached here					

# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Mark Douglas		GORRELL		
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Inventor's signature				Date:
Residence	City	State	Country	Citizenship
Post Office Address				
City		State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Inventor's signature				Date:
Residence	City	State	Country	Citizenship
Post Office Address				
City		State	ZIP	Country

<b>DECLARATION</b>	<b>REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)</b>
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<b>DECLARATION</b>	<b>REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)</b>
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